

**CLAIMS ONLY**

Application Number 123456789

Applicant(s)

Filing Date

Filing Date: 11-14-08

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/					
2		/				
3		/				
4		/				
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49						
50						
Total Indep						
Total Depend						
Total Claims						

433  
37

May be used for additional claims or amendments						
	Indep.	Depend.	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						